

237036

**Congoleum**  
CORPORATION

RESILIENT FLOORING DIVISION

P.O. Box 3127 • Trenton, N.J. 08619 • (609) 587-1000

MARTIN J. SENDECKI  
Manager of Environmental Protection  
and Occupational Safety and Health

November 17, 1988

**ORIGINAL**  
**(Red)**

Ms. Ann DeLong  
United States Environmental  
Protection Agency  
PA CERCLA Remedial Enforcement  
Section (3HW12)  
841 Chestnut Street, 6th Floor  
Philadelphia, PA 19107

Re: Strasburg Landfill,  
Newlin Twp., PA

Dear Ms. DeLong:


In response to EPA's request concerning the transportation and disposal of hazardous substances to the above-referenced site, be advised that after an extensive document search, Congoleum has concluded that it did not ship or dispose of any hazardous substances at the Strasburg Landfill.

Congoleum records do indicate that it had a contract with Harvey and Harvey, Inc., 420 East Marsh Lane, Newport, Delaware 19804 between 4-1-82 to approximately 4-30-83 to remove and dispose of non-hazardous scrap material and plant trash at the Strasburg Landfill. Copies of purchase order agreements between Congoleum and Harvey and Harvey, Inc. are attached.

If I can be of any further assistance to you in this matter, do not hesitate to contact me.

Very truly yours,

**CONGOLEUM CORPORATION**

  
M. J. Sendeki, Manager  
Environmental Protection and  
Occupational Safety & Health

/ls  
attch.

c: B. Barnett, Esquire

EPA-SA2189

# AIRBILL

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.  
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO.  
QUESTIONS? CALL 800-238-5355 TOLL FREE.

PACKAGE  
TRACKING NUMBER

932

574

5322864574

## RECIPIENT'S COPY

Date 11-17-88		Your Phone Number (Very Important) 609 584 3282		To (Recipient's Name) Please Print		Recipient's Phone Number (Very Important)	
From (Your Name) Please Print M. J. Senciocki		Company Department/Floor No.		Company Department/Floor No.		Company Department/Floor No.	
Street Address				Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)			
City Trenton		State NJ		City Trenton		State NJ	
ZIP Required 08611		ZIP Required 08611		ZIP Required 08611		ZIP Required 08611	

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE)				IF HOLD FOR PICK-UP, Print FEDEX Address Here			
PAYMENT <input type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's FedEx Acct. No. <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. <input type="checkbox"/> Bill Credit Card <input type="checkbox"/> Cash				Street Address City State ZIP Required			

SERVICES		DELIVERY AND SPECIAL HANDLING		PACKAGES	WEIGHT	YOUR DECLARED VALUE	OVER SIZE	Emp. No.	Date	FedEx Express Use
1 <input type="checkbox"/> <b>PRIORITY 1</b> Overnight Delivery	6 <input type="checkbox"/> <b>OVERNIGHT LETTER*</b>	1 <input type="checkbox"/> <b>HOLD FOR PICK-UP</b> (Full in Box #)		1	LBS					Base Charges
2 <input type="checkbox"/> <b>COURIER-PAK</b> OVERNIGHT ENVELOPE*	7 <input type="checkbox"/>	2 <input type="checkbox"/> <b>DELIVER WEEKDAY</b>		2	LBS					Declared Value Charge
3 <input type="checkbox"/> <b>OVERNIGHT BOX</b>	8 <input type="checkbox"/>	3 <input type="checkbox"/> <b>DELIVER SATURDAY</b> (Extra charge)		3	LBS					Other
4 <input type="checkbox"/> <b>OVERNIGHT TUBE</b>	9 <input type="checkbox"/>	4 <input type="checkbox"/> <b>DANGEROUS GOODS</b> (Extra charge)		4	LBS					Other
5 <input type="checkbox"/> <b>STANDARD AIR</b> Delivery not later than second business day	10 <input type="checkbox"/>	5 <input type="checkbox"/> <b>CONSTANT SURVEILLANCE SERVICE (CSS)</b> (Extra charge) (Please see Signature Next Applicable)		Total	Total	Total				Total Charges
		6 <input type="checkbox"/> <b>DRY ICE</b> Lbs.		Received At: 1 <input type="checkbox"/> Regular Stop 2 <input type="checkbox"/> On-Call Stop 3 <input type="checkbox"/> Drop Box 4 <input type="checkbox"/> B.S.C.						
		7 <input type="checkbox"/> <b>OTHER SPECIAL SERVICE</b>		FEDEX Corp. Employee No.						
		8 <input type="checkbox"/>		Date/Time for FEDEX Use						
		9 <input type="checkbox"/> <b>SATURDAY PICK-UP</b> (Extra charge)								
		10 <input type="checkbox"/>								
		11 <input type="checkbox"/>								
		12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> (if offered) (Extra charge)								

Emp. No. Date <input type="checkbox"/> Cash Received <input type="checkbox"/> Return Shipment <input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del <input type="checkbox"/> Chg. To Hold Street Address City State Zip Received By: Date/Time Received FedEx Employee Number		Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless claims resulting therefrom. Release Signature:
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PART #111800  
REVISION DATE 1/88  
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EPA-SA2187